

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm			·	Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)				
	<u>emerd</u>			IN 145 0177	1/2	0/2	19-330		
			imber and street, city, state, zip code)	_	<sup>3</sup> /4	8/20	' ' ' ' '		
2005 5	tate 5	<u> </u>	New Albay, IN 47150	205 (18 832)			<u> </u>		
Owner				Purpose:	Follow-u		se Date		
230 1	<u> Siver</u> R	4	(Suite 200) Lovisville, KY 40200	Routine	NO TODAY				
Owner's A		ے در		2. Follow-up	Summary	of Violation	ns:		
TW-In	2101			3. Complaint			• h		
Person in C				4. Pre-Operational	Pre-Operational C 3 NC 2 R				
Erica Responsible				5. Temporary  Menu Type (See back of page)					
			مالقان ا	6. HACCP	Ment: 1y	ре ( <i>ъее васк</i>	of page)		
Certified F	Ort ree	A C	y tumbleweed restaurants door	7. Other (list)	$\begin{vmatrix} 1 & 2 \end{vmatrix}$	2 🗸	4 -		
I -	Biffe		(1/17/24)		1	3 <u></u> X	_45		
				EATOTZION 4490					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M						
		_	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	O IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative		_	To Be Co	rrected By		
136	<u></u>		Observed uncomed employee drink at	amp Lible		Disco	<u> </u>		
204	C		Observed engloyee wheek ringing wellphi			Rtrai	staff		
415	۲		Observed groots at net over a tribe employee restroom I week						
3/0	NL		Obsered wiling exhast to be disty it purp Tiday						
324	NL		Observed employee restroom to be	class I		1	t — —		
<u>-</u>			04,620	C177728		7 W	<u> </u>		
-			Discussed Cuil 19 perheuls and 7	rocubores	<del></del>				
						-			
<u> </u>	ļ <del> </del>			<del></del> -					
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):	<del></del>			
I.	0100	F	3500.1			m (FH	ر)		
FRICA Biffel  Received by (signature):  Inspected by (signature):									
7	C) House Q								
901					1	<del>~~/</del>			
ec:			V C cc:		cc:				

Tumblewood (State)

	Floyd County Health Department Inspection Notes							
Gode # A. C/NC 18 10 15 15 15 15 15 15 15 15 15 15 15 15 15								
			PIC: Erica Biffel					
		<u></u>	CFH: 1/17/29 Health Policy Y - N Food Code: Y - N					
			Health Policy 1 - N Hoba Coae. 1 - N					
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7	204	C	cell phone					
1	/36	C	drick					
5	324		employee both Clag					
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